

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 2 1963

1. PLACE OF DEATH
a. COUNTY

Dade

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE b. COUNTY c. CITY OR TOWN

Mo

Dade

Lockwood Mo.

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Lockwood Mo.

Length of stay in 1b

5 wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Memorial Hospital

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Main St

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Bertha

Marie

Boehne

4. DATE OF DEATH

Month

Day

Year

March

20

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Dec 10 1881

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months 3 Days 10

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired house wife

10b. KIND OF BUSINESS OR INDUSTRY

house work

11. BIRTHPLACE (City and state or country)

Ill.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Fred Pries

13b. MOTHER'S MAIDEN NAME

Johannah Pries

14. NAME OF HUSBAND OR WIFE

Guss H Boehne

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

Arden Boehne Lockwood Mo.

17. INFORMANT Address

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Hepatitis & renal failure

INTERVAL BETWEEN ONSET AND DEATH

36-48 Hrs

DUE TO (b)

Cancer of stomach

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture Left Hip - Post-op.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9:00 a.m. to 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold A. Bauer, M.D.

22b. ADDRESS

Lockwood, Missouri

22c. DATE SIGNED

3-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

March 24, 1963

23c. NAME OF CEMETERY OR CREMATORY

Immanuel Lutheran

23d. LOCATION (City, town, or county)

Lockwood Mo.

24. FUNERAL DIRECTOR

Allison Funeral Home Greenfield Mo.

25. DATE RECD. BY LOCAL REG.

3/25/1963

26. REGISTRAR'S SIGNATURE

J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Harold A. Bauer, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300 Rev. 4/59

10290

20290

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13 1-0

APR 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenville, S.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.